

STATE OF WASHINGTON

DEVELOPMENTAL DISABILITIES RESIDENTIAL SUPPORT PROGRAMS COST REPORT GENERAL INFORMATION AND CERTIFICATION

PART A - PROVIDER IDENTIFYING INFORMATION

1. PROVIDER AGENCY NAME		2. PROVIDER ONE ID
1N - Grant County Developmental Disabilities (DCL)		200012501
3. PROVIDER MAILING ADDRESS	4. CITY, STATE, ZIP	5. PROVIDER PHONE NUMBER
1103 Lowry St.	Moses Lake WA 98837	509 762-1161
6. ADMINISTRATOR NAME	7. ADMINISTRATOR E-MAIL	8. ADMINISTRATOR PHONE NUMBER
Missy Lopez	mlopez@gantcountywa.gov	509 762.1161
9. HOME OFFICE/CORPORATE NAME (please indicate if NONE or SAME AS ABOVE)		
Same as above		
10. HOME OFFICE MAILING ADDRESS	11. CITY, STATE, ZIP	12. HOME OFFICE PHONE NUMBER
13. COST REPORT PREPARER	14. FIRM NAME	
Reyna Gonzales	Grant County dba Renew	
15. REPORT CONTACT INDIVIDUAL(S)	16. CONTACT PHONE NUMBER	17. CONTACT EMAIL
Reyna Gonzales	509 764-2660	rgonzales@grantcountywa.gov
18. COST REPORT PERIOD		19. FEDERAL ID NUMBER(S)
1/1/2022 FROM:	12/31/2022 TO:	91-6001319

PART B. - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW

CERTIFICATION

I HEREBY CERTIFY under penalty of perjury that I have read the above statement and have examined the accompanying cost report and supporting schedules prepared for:

(Provider Name)

and I attest, it is a true, correct and complete representation of actual costs related to client supports prepared in accordance with applicable instructions provided by DDA, except as noted.



PERSON SIGNING MUST HAVE AUTHORITY TO BIND THE PROVIDER LISTED

TITLE

DATE

SCHEDULE D

STATE OF WASHINGTON
DEVELOPMENTAL DISABILITIES
RESIDENTIAL SUPPORT PROGRAMS
PROGRAM REVENUE

1N - Grant County Developmental Disabilities
PROVIDER NAME

RESIDENTIAL SERVICES REVENUE		TOTALS	A	B	C
			SL Supported Living	0	0
1	REVENUE FOR SERVICES PROVIDED	\$1,441,806.76	\$1,441,806.76	\$0.00	\$0.00
State Payments/Reimbursements for ISS/DSHS Clients (Total Daily Rate less covid add-on), ISS/DSHS Client Participation, Prior Years Settlements Deducted from State Payments, Non DSHS Client Payments					
2	OTHER OPERATING REVENUE	\$0.00	\$0.00	\$0.00	\$0.00
Summer Programs, Client Evaluation, Non-DSHS Revenue, & Covid Add-On					
3	NON-OPERATING REVENUE	\$404,461.51	\$393,637.67	\$10,758.84	\$65.00
Interest Income, Cash Donations & Contributions, Noncash Donations & Contributions					
TOTAL RESIDENTIAL SERVICES REVENUE		\$1,846,268.27	\$1,835,444.43	\$10,758.84	\$65.00

DSHS/DDA Schedule D (Rev. 12/2022)